

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number N046050	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/4/2015
Name of Facility BICKFORD OF OVERLAND PARK	Street Address, City, State, Zip Code 10665 BARKLEY OVERLAND PARK, KS 66212	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>S3248</u>	Correction Completed 02/04/2015	ID Prefix <u>S3280</u>	Correction Completed 02/04/2015	ID Prefix <u>S3305</u>	Correction Completed 02/04/2015
Reg. # <u>26-41-102 (d)</u>		Reg. # <u>26-41-104 (d)</u>		Reg. # <u>26-41-207 (a) (b)</u>	
LSC _____		LSC _____		LSC _____	
ID Prefix <u>S3310</u>	Correction Completed 02/04/2015	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # <u>26-41-207 (b) (5-6) (c)</u>		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____		
State Agency						
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____		
CMS RO						
Followup to Survey Completed on: 1/12/2015		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table border="0"> <tr> <td>YES</td> <td>NO</td> </tr> </table>			YES	NO
YES	NO					